

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

PLEASE PRINT

1. Name of Lobbyist(s): Debra Miller, Julianne McConnell, Tara Reardon

II. Name of lobbyist's partn	ership, firm or corporation, if	any:	
New Hampshire Co	mmunity Loan Fund		
(Name of pa	rtnership, firm or corporation)		
7 Wall Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 224-6669 . (Telephone)	(603) 225-7425 (Fa:		mmunityloanfund.org
	Choose one – file separate repo ions which are not attributable		y file a separate report for
☐ All reportable transaction	s occurring in the months prior to	the reporting date relative to the	: following client:
(Full)	Name of Client as it appears on the L	obbuist Pagistration Form)	
OR.	value of Chefit as it appears on the L	oodyist Registration Form)	
	by the lobbyist (including the loent.	bbyist's family), or the lobbying	firm listed below which are
	1 25, 2018 date of registration to 3/31/18	July 25, 2018 activity from 4/1/18 to 6/30/18	
Octo	ober 31, 2018 from 7/1/18 to 9/30/18	January 30, 2019 🕅 activity from 10/1/18 to 12/31/1	
	es received and no reportable to the just this form and submit it to the submit it it it is submit it it it is submit it		
VI. Check if additional repo	orts are attached:		
-	or made expenditures, you must	file Addendum A Fees and Ex	penses
-	rarium or reimbursed expenses, y		·
	family has made political contril	outions, you must file Addendum	n C- Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15- and complete to the best-of m (Signature of lobbyist) Debra Miller (Print Name of lobbyist)	B, RSA 14-C and RSA 664 and	nereby swear or affirm that the form $\frac{1/31}{9}$	oregoing information is true

RECEIVED

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

FEB 04 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Debra Miller, Julianne McConnell, Tara	Reardon			
II. Name of lobbyist's partnership, firm or corporation, if any:				
New Hampshire Community Loan Fund				
(Name of partnership, firm or corporation)	,			
III. Name of Client N/A	Date			
IV. Fees Received Indicate the gross amount of all fees received from the client identified above t to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The gros reduced by any expenses:	relations, or public relations services			
a) Total of all fees received in this reporting period	a) \$			
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year	b) \$ 0 ar) ·			
c) Total of all fees received to date (Add lines a and b)	c) \$ 0			
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$			
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.				
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$			
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	b) \$			

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$369.42
f) Total of all expenses year to date	f) \$369.42_
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	lobbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$

Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	mi that the foregoing information
Au DYML	1/31/19

.

.

.

.

.

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Affi	irmation	by l	Lobbyist
Statem	ent of	Income :	and Expe	nse.	s for

Name of Lobbying p	artnership, firm, or cor	poration: New Hampshire	e Community Loan Fund
		for the partnership, firm, or	corporation and not related to any
Date of Report (chec	ck one):		
April 25, 2018	July 25, 2018	October 31, 2018 🗆	January 30, 2019 🕱
			nd Expenses described above, and umber of Addendum forms being
X Addendum A	A(s).		
Addendum E	3(s).	·	
Addendum (C(s).		
	firm that the foregoing of my knowledge and t		nt and each Addendum is true and
Julianne	_ Milonnes	<u></u>	1/31/19.
(Signature of lobbyis	it)	,	(Date)
Julianne McCo	onnell		
(Print Name of Johns	riet)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/A Statement of Incon	_	-		
Name of Lobbying pa	rtnership, firm, or cor	poration: New Hampshire	e Community Loan Fund	
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):				
Date of Report (check	(one):			
April 25, 2018 🗆	July 25, 2018	October 31, 2018 🗆	January 30, 2019 🛛	
			nd Expenses described above, and umber of Addendum forms being	
X Addendum A((s).		·	
Addendum B(s).		•	
Addendum C(s).			
I hereby swear or affin complete to the best o	f my knowledge and t	pelief.	at and each Addendum is true and	
Debra Miller				

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/A Statement of Incom	ic and Expenses fo	r:	
Name of Lobbying pa	rtnership, firm, or cor	poration: New Hampshire	e Community Loan Fund
Name of Client (leave	blank if Statement is	for the partnership, firm, or	corporation and not related to any
particular client):	<u> </u>		
Date of Report (check	(one):		
April 25, 2018 🗆	July 25, 2018	October 31, 2018 🗆	January 30, 2019 🔀
			nd Expenses described above, and umber of Addendum forms being
X Addendum A	(s).		
Addendum B(s).		
Addendum C(s).		
I hereby swear or afficomplete to the best of Signature of lobbyist	f my knowledge and l		nt and each Addendum is true and